

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006044

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 248

STATE FILE NUMBER

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SpringfieldLength of stay in 1b
19 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION D.O.A. Burge HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greenec. CITY
OR
TOWN SpringfieldInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
1534 S. CampbellReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROBERTA.MC CLURE4. DATE
OF
DEATH

Month

Day

Year

FEBRUARY14,19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
June 1, 19149. AGE (last birthday)
4810. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic10b. KIND OF BUSINESS OR INDUSTRY
U.S. Genl Serv.11. BIRTHPLACE (City and state or country)
Saranac Lake, N. Y.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Robert McClureEmma LaPorteDoris O. McClure15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)
Yes WW II16. SOCIAL SECURITY NO. 0

17. INFORMANT

Address

Mrs Doris O. McClure, Springfield, Mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

GUNSHOT WOUND IN CHESTINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
HE APPARENTLY SHOT HIMSELF WITH A MODEL 220c. TIME OF
INJURY
APPROX 8:15 PMMonth, Day, Year
2-14-1963OF HIS HOME AT 1534 S. CAMPBELL20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
IN HOME20f. CITY, TOWN, OR LOCATION
SPRINGFIELDCOUNTY
GREENESTATE
MISSOURI21. I attended the deceased from _____, to _____ and last saw her him alive on _____.
Death occurred at APPROX 8:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Ralph H. Prieme Greene County CoronerSPRINGFIELD, Missouri 2/15/6323a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BurialFeb 19, 1963National CemeterySpringfield, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Jewell E. Windle, Springfield, Mo.2-18-63Effie E. Meeter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/5903970397

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MAR 5 1963
FEB 27 1963
FEB 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.